

65094-50  
MARGIN RESERVED FOR BINDING.  
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. \* 132

Place of Birth Miami, Gila County Wa No. 11a St.

SEX OF CHILD* female	Twin Triplet or other?	}	and	}	Number in order of birth*
DATE OF BIRTH* <u>December 7 1926</u>					
FULL* NAME <u>Manuel Corral</u>		FATHER			
FULL* MAIDEN NAME <u>Angela Figueroa</u>		MOTHER			

I HEREBY CERTIFY that the child described herein has been named

Eva Figueroa Corral  
(Give name in full) (Surname)

Angela Figueroa  
(Parent's Signature)

Loyd M. Cron MD  
(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

533-1207-161